

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/14/2016
NAME OF PROVIDER OR SUPPLIER  CLAIBORNE AND HUGHES HLTH CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		
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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 11/14/2016 at 8:53 AM, revealed 2 holes (2" round) in the concrete ceiling above the boiler in the basement. NFPA 101, 8.3.5 (2012 Edition)</p> <p>2. Observation on 11/14/2016 at 8:58 AM, revealed a 2" PVC pipe penetration above the backflow in the basement. NFPA 101, 8.3.5 (2012 Edition)</p> <p>3. Observation on 11/14/16 from 9:20AM to 12:00PM, revealed missing/ broken ceiling tiles in the following locations:</p> <ol style="list-style-type: none"> <li>Room 119 (3 missing, 1 broken)</li> <li>Storage in the service hall (1 missing)</li> <li>Computer room second floor (1 missing)</li> </ol> <p>4. Observation on 11/14/2016 at 9:23 AM, revealed a penetration in the block wall by a 6" x6" solid metal HVAC duct sealed with mixed fire stopping materials above the ceiling outside the 1 West public restroom. NFPA 101, 8.3.5.1, (2012 Edition)</p>	N 831	<p>N831</p> <p>A nursing home will construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> <li>the 2 holes (2" round) in the concrete ceiling above the boiler in the basement was sealed by a contracted caulking company.</li> <li>the 2" PVC pipe penetration above the backflow in the basement was sealed by a contracted caulking company</li> <li>The missing broken ceiling tiles in room 119 (3 missing, 1 broken), storage in the service hall (1 missing) and the computer room second floor (1 missing) have all been replaced by the maintenance staff.</li> <li>The penetration in the block wall by a 6"x6" solid metal HVAC duct will be patched with mortar and fire caulked. The mixed fire stopping material above the ceiling outside the 1 west public restroom has been removed.</li> <li>The cross corridor double doors by 119 was repaired by the maintenance director in order to latch within the frame</li> <li>the 1" x1" hole in the cross corridor block wall above the ceiling by room 111 has been sealed by a contracted caulking company.</li> <li>the 1/2" conduit penetration in the block wall above the door to room 111 that was sealed with mixed fire stopping material has been unpacked and sealed with the proper material by a contracted caulking company.</li> <li>The 1" insulated pipe penetration in gypsum wall above ceiling outside the 1 west storage room has been sealed by a contracted caulking company.</li> <li>The foam material used to seal the junction box above the ceiling outside of room 125 has been removed and sealed with a metal cover by the maintenance director</li> <li>The penetration in gypsum wall by a rafter joist above the ceiling outside the 1 east clean utility room was sealed by a contracted caulking company.</li> <li>The 1" conduit penetration in the cross corridor block wall above the ceiling by the director of social services office was sealed by a contracted caulking company.</li> <li>The unsealed bundle of wires penetrating the cross corridor block wall outside of the dining room was sealed by the maintenance director.</li> </ol>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 831	Continued From page 1  5. Observation on 11/14/16 at 9:30AM, revealed the cross corridor double doors by 119 did not latch within the frame. NFPA 80, 7.1.4 (2010 Edition) NFPA 101, 8.3.3.1 (2012 Edition)  6. Observation on 11/14/2016 at 9:37 AM, revealed a 1" x1" hole in the cross corridor block wall above the ceiling by room 111. NFPA 101, 8.3.1.3 (NFPA 221, 4.3.1 (2012 Edition)  7. Observation on 11/14/2016 at 9:42 AM, revealed a ½" conduit penetration in the block wall above the door to room 111 sealed with mixed fire stopping materials. NFPA 101, 8.3.5 (2012 Edition)  8. Observation on 11/14/2016 at 9:53 AM, revealed a 1" insulated pipe penetration in gypsum wall above the ceiling outside the 1 West storage room. NFPA 101, 8.3.5 (2012 Edition)  9. Observation on 11/14/2016 at 10:07 AM, revealed a junction boxed sealed with a foam material above the ceiling outside of room 125. NFPA 101, 8.3.5.1, (2012 Edition)  10. Observation on 11/14/2016 at 10:13 AM, revealed a penetration in gypsum wall by a rafter joist above the ceiling outside the 1 East clean utility room. NFPA 101, 8.3.5 (2012 Edition)  11. Observation on 11/14/2016 at 10:19 AM, revealed a 1" conduit penetration in the cross corridor block wall above the ceiling by the Director of Social Services office. NFPA 101, 8.3.5 (2012 Edition)  12. Observation on 11/14/2016 at 10:30 AM, revealed an unsealed bundle of wires penetrating	N 831	13. An unsealed bundle of wires penetrating the service corridor brick wall near the dining room door was sealed by the maintenance director 14. The unapproved fire stopping material was removed and replaced with an approved fire stopping material from the 1"x1" hole in the service hall brick wall (middle ramp). 15. The 4 penetrations by ½ conduits in the cross corridor block wall in the service hall above the kitchen doors have been sealed by the maintenance director 16. The door closing device on the second floor clean linen room has been repaired by the maintenance staff. 17. The hardware on the cross corridor fire doors of the service hall near the dining room door will be replaced fire exit hardware. 18. The cross corridor block wall by room 236 was sealed to the metal decking by the contracted caulking company. 19. The penetration in gypsum wall by a rafter joist above the ceiling outside room 236 was sealed by a contracted caulking company. 20. The ½" conduit penetration in the gypsum wall above the ceiling by room 233 was sealed by the contracted caulking company. 21. The corridor gypsum wall has been properly sealed to the metal decking above the ceiling in the area around room 215 by the contracted caulking company. 19. The cross corridor block wall outside of the Assistant director of Nursing office has been properly sealed to the metal decking material by the contracted caulking company.	

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STATE FORM

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If continuation sheet 2 of 7

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N 831	Continued From page 2  the cross corridor block wall outside of the dining room. NFPA 101, 8.3.5 (2012 Edition)  13. Observation on 11/14/2016 at 10:38 AM, revealed an unsealed bundle of wires penetrating the service corridor brick wall near the dining room door. NFPA 101, 8.3.5 (2012 Edition)  14. Observation on 11/14/2016 at 10:43 AM, revealed a 1' x1' hole the service hall brick wall (middle of ramp) sealed with an unapproved fire stopping material (foam). NFPA 101, 8.3.5.1, (2012 Edition)  15. Observation on 11/14/2016 at 10:57 AM, revealed 4 penetrations by 1/2" conduits in the cross corridor block wall in the service hall above the kitchen doors. NFPA 101, 8.3.5 (2012 Edition)  16. Observation on 11/14/16 at 10:57AM, revealed the door closing device on the second floor clean linen room was not functioning properly. NFPA 80, 5.2.14.1 (2010 Edition) NFPA 101, 8.3.3.1 (2012 Edition)  17. Observation on 11/14/16 at 11:13 AM, revealed the cross corridor fire doors of the service hall near the dining room door (labeled equip with fire exit hardware) was equipped with panic hardware (not label fire exit hardware). NFPA 101, 8.3.3.1 (2012 Edition)  18. Observation on 11/14/2016 at 11:56 AM, revealed the cross corridor block wall by room 236 was not sealed to the metal decking. NFPA 101, 8.3.5 (2012 Edition)  19. Observation on 11/14/2016 at 11:57 AM, revealed a penetration in gypsum wall by a rafter joist above the ceiling outside room 236. NFPA	N 831	20. The corridor wall at the ADON office where the block transitions to gypsum board was properly sealed by the contracted caulking company.  2. 1. An audit was conducted by the maintenance staff to ensure there are no other holes in the concrete above the ceiling 2. an audit was conducted by the maintenance staff to ensure there are no other pipe penetrations 3. an audit was conducted by maintenance staff to ensure there are no broken or missing ceiling tiles 4. An audit was conducted to ensure there are no HVAC duct penetrations in the block wall as well as ensuring all metal decking is sealed to block walls and there are no mixed fire stopping material. 5. The maintenance director conducted an audit on the corridor doors to ensure they latched within the frame. 6. An audit was conducted by the maintenance staff to ensure all holes and penetrations were sealed with the appropriate fire stopping material to ensure compliance. The maintenance director audited to ensure no unapproved fire stopping material was used. 7. an audit was conducted by the maintenance director to ensure no other junction box was sealed with foam material and there were no unsealed bundle of wires. The maintenance Director ensured that all unsealed wires on the junction boxes were sealed. 8. An audit was done by the maintenance director to ensure all door closing devices are in proper working order. 9. The maintenance director audited the above the ceiling to ensure there are no penetrations in the gypsum wall by a rafter joist  3. Maintenance staff in-service regarding meeting the proper standards of building requirements including barriers for both fire and smoke as it pertains to walls, doors and any other area serving as a smoke or fire barrier. Maintenance to in service staff regarding fire doors functioning and being labeled properly. 4. maintenance director or designee will make rounds monthly to specifically inspect the status of doors and walls for effectiveness as fire barriers. Also all doors designated as fire door and exits will be checked for proper functioning	12/30/16

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N 831	Continued From page 3 101, 8.3.5 (2012 Edition)  20. Observation on 11/14/2016 at 12:02 PM, revealed a ½" conduit penetration in the gypsum wall above the ceiling by room 233. NFPA 101, 8.3.5 (2012 Edition)  21. Observation on 11/14/2016 at 12:31 PM, revealed the corridor gypsum wall was not properly sealed to the metal decking above the ceiling in the area around room 215. NFPA 101, 8.3.5 (2012 Edition)  19. Observation on 11/14/2016 at 12:34 PM, revealed the cross corridor block wall outside of the Assistant Director of Nursing's (ADON) office was not properly sealed to the metal decking material. NFPA 101, 8.3.5 (2012 Edition)  20. Observation on 11/14/2016 at 12:35 PM, revealed the corridor wall at the ADON office were the block transitions to gypsum board was not properly sealed. NFPA 101, 8.3.5 (2012 Edition)  Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 11/14/2016.	N 831		
N 848	1200-8-6-.08 (18) Building Standards  (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including,	N 848	N848 It will be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure will be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure will be maintained in all clean areas including but not limited to , clean linen rooms and clean utility rooms.	

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N 848	Continued From page 4  but not limited to, clean linen rooms and clean utility rooms.  This Rule is not met as evidenced by: Based on observation, the facility failed to provide negative air pressure were required.  The findings included:  Observation on 11/14/16 from 10:10AM to 12:00AM, revealed no negative air pressure in the following required locations. a. Mop closet in the kitchen b. Second floor soiled utility room  Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 11/14/2016.	N 848	Corrective Action: 1. The exhaust fan in the kitchen mop closet and the second floor soiled utility room have been repaired by the maintenance staff. 2. An audit was completed by the maintenance director to ensure all exhaust fans are properly working to ensure negative air pressure in required locations. 3. Maintenance staff was in-serviced by the Administrator regarding proper maintenance of exhaust fans to ensure negative air pressure in required locations. 4. The maintenance Director will conduct environmental rounds daily to ensure exhaust fans are appropriately working to ensure negative air pressure in required locations. Concerns will be corrected immediately. Findings will be reported to the QAPI committee monthly.	12/30/16
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans.  (a) Physical Facility (Internal Situations).  5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.	N1410	N1410 Physical Facility. Each of the following disaster preparedness plans will be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake) to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and (II) Evacuation procedures	

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N1410	Continued From page 5  (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:  (I) Staff duties by department and job assignment; and,  (II) Evacuation procedures.  This Rule is not met as evidenced by: Based on document review, the facility failed to exercise the disaster procedure plans.  The findings included:  Observations on 11/14/16 at 12:46 AM, revealed the facility failed to conduct the required Tornado, Flood and Earthquake Drills.  The Maintenance Director was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 11/14/16.	N1410	Corrective Action:  1. The Tornado, flood and earthquake drills were conducted by the Maintenance Director for all staff. 2. An audit was conducted by the maintenance director to ensure the facility is compliant with all required disaster drills. 3. The Administrator conducted an in-service with the maintenance director regarding the timely and documented in-service of the required disaster drills. 4. The administrator will audit disaster drills quarterly to ensure the facility staff receive disaster drills. The documented drills will be reviewed at the monthly QAPI meeting to ensure compliance.	12/30/16
N1412	1200-8-6-.14(2)(a)6. Disaster Preparedness  (2) Physical Facility and Community Emergency Plans.  (a) Physical Facility (Internal Situations).  6. The nursing home shall develop and periodically review with all employees a prearranged plan for the orderly evacuation of all residents in case of a fire, internal disaster or other emergency. The plan of evacuation shall be posted throughout the home. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate	N1412	N1412 The nursing home will develop and periodically review with all employees a prearranged plan for the orderly evacuation of all residents in case of a fire, internal disaster or other emergency. The plan of evacuation will be posted throughout the home. Fire drills will be held at least quarterly for each work shift for nursing home personnel in each separate patient- occupied nursing home building. There will be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years.	

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N1412	<p>Continued From page 6</p> <p>patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>This Rule is not met as evidenced by: Based on document review, the facility failed to properly conduct fire drills.</p> <p>The findings included:</p> <p>Document review on 11/14/16 at 12:26 AM, revealed the facility failed to conduct the fire drills for the following quarters during 2016.</p> <p>a. First quarter 2016 (3rd Shift) b. Second quarter 2016 (3rd Shift) c. Third quarter 2016 (2nd Shift).</p> <p>The Maintenance Director was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 11/14/16.</p>	N1412	<p>Corrective Action:</p> <ol style="list-style-type: none"> <li>1. A first, second, and third shift fire drill has been completed and documented by the maintenance director.</li> <li>2. An audit has been completed by the maintenance director to ensure that the facility is compliant with required drills for the quarter.</li> <li>3. The administrator conducted an in-service with the maintenance director regarding the timely and documented in-service of the required fire drills.</li> <li>4. The administrator will audit the fire drills monthly to ensure that one shift per month is completed to ensure that all shift have been in-serviced quarterly. Findings will be reviewed in the monthly QAPI meeting.</li> </ol>	12/30/16